



Parent Survey Walk to School

***Survey to be completed by parent or guardian.**

1. How many children do you have attending this school? (check only one)

_____ 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6

2. What grade are your children in? _____ K _____ 1st _____ 2nd _____ 3rd _____ 4th
_____ 5th _____ 6th _____ 7th _____ 8th Other _____

3. In an average school week, how many days does your child/children use the following modes of transportation to get to and from school? (Write the number of times your child/children travel to and from school; if different for each of your children, indicate the number of times and the grade of the child that travels each way.) For example, (3 (K) or 2 (2nd) Walk home from school).

TIMES PER WEEK

_____ Walk to school
_____ Bicycle to school
_____ Ride the school bus to school
_____ Ride in a car to school
_____ Ride in a carpool to school
_____ Ride the public bus to school
_____ Daycare transportation/shuttle to school
Other (explain) _____

TIMES PER WEEK

_____ Walk home from school
_____ Bicycle home from school
_____ Ride the school bus home from school
_____ Ride in a car home from school
_____ Ride in a carpool home from school
_____ Ride the public bus home from school
_____ Daycare transportation/shuttle home from school
Other (explain) _____

4. What concerns do you have about your child/children walking to or from school?

(Please place the appropriate number in each box according to the following scale)

1 = Concerns me greatly 2 = Concerns me somewhat 3 = Concerns me a little 4 = Not a concern

_____ Crime (stranger danger, gangs, bullying).

_____ Traffic - too much traffic in neighborhood.

_____ Traffic - too much traffic at school.

_____ Speed - cars drive too fast through the neighborhood.

_____ No (or inadequate) sidewalks/bikeways on the route to school

_____ Distance - school is too far away.

*How far from the school is your home _____ blocks?

_____ miles?

_____ Time - not enough time.

_____ Child/children's after-school schedule.

-OVER-

_____ Convenience - it is easier to drop off child/children on the way to work.

_____ Child/children would be walking/bicycling alone to school.

_____ Child/children do not want to/like to walk or bicycle to school.

Other (please explain) _____

5. If your child/children *do not* already walk or bicycle to school, what would make you more likely to allow your child/children to walk or bicycle? (check all that apply)

If your child/children *do* already walk or bicycle to school, what changes would make you more comfortable as your child/children walk or bicycle? (check all that apply)

_____ Crime watch.

_____ Less traffic.

_____ Sidewalks/ bikeways/ crosswalks.

_____ Another child to walk/ride with your child/children.

_____ An adult to walk/ride with your child/children.

_____ Stop signs/Traffic signals

Other (please explain) _____

6. Would you allow your child/children to participate in a walk-to-school program in your neighborhood/community?

_____ YES

_____ NO

_____ Undecided

7. Would you be interested in volunteering to help plan a walk-to-school program in your neighborhood/community?

_____ YES

_____ NO

_____ Undecided

8. Would you be interested in walking with a group of children?

_____ YES

_____ NO

_____ Undecided

9. If yes, how often would you be willing to volunteer?

_____ Once a week

_____ 2 times a week

_____ 3 times a week

_____ 4 times a week

_____ daily

_____ 1-2 times a month

Other _____

If yes, what days of the week and time of day would you be willing to volunteer? (check all that apply)

Monday morning _____

Monday afternoon _____

Tuesday morning _____

Tuesday afternoon _____

Wednesday morning _____

Wednesday afternoon _____

Thursday morning _____

Thursday afternoon _____

Friday morning _____

Friday afternoon _____

If you answered yes to question #8, please provide the following information.

Name: _____

Address: _____

Telephone: _____